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December 2015



Leadership of Debra Scott
to be continued by
Cathy Dinauer





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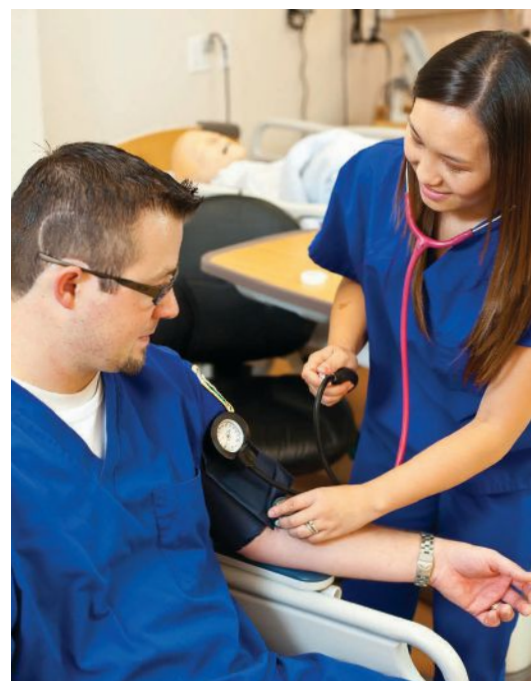
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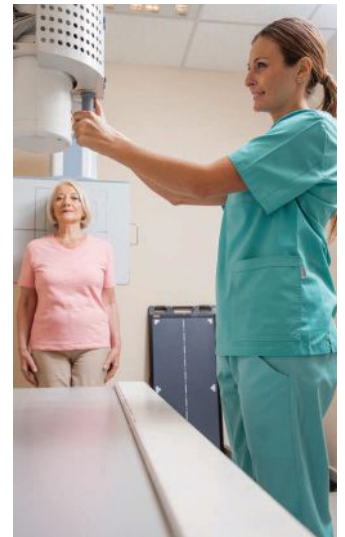
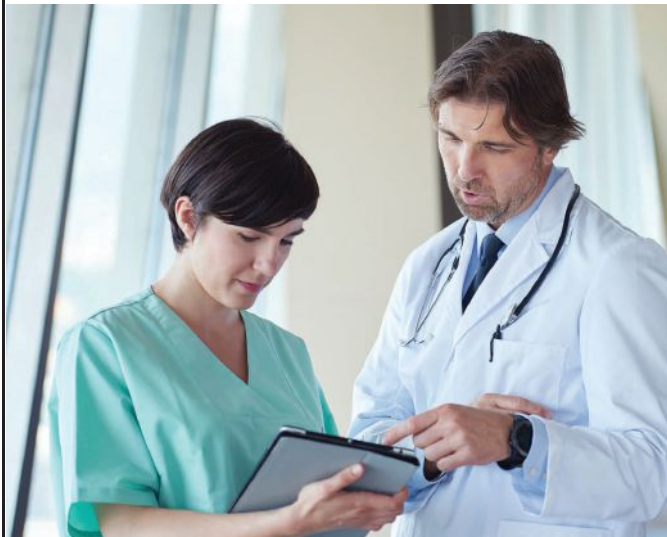
The mission of the Nevada State Board of Nursing is to protect the public's health, safety and welfare through effective regulation of nursing.

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The **Nevada State Board of Nursing News** publishes news and information quarterly about Board actions, regulations, and activities. Articles may be reprinted without permission; attribution is appreciated.



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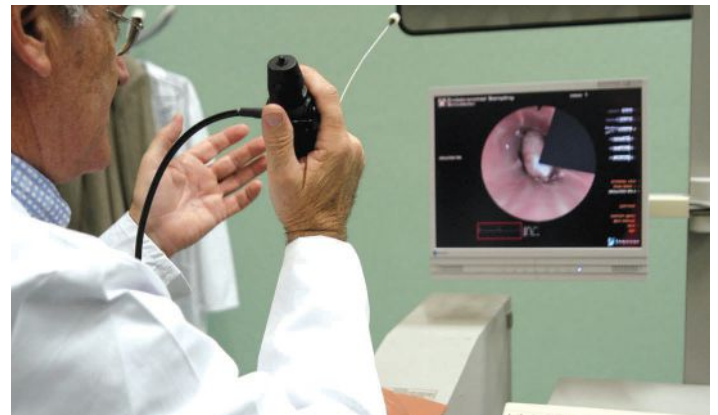
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WORDS

• FROM THE EXECUTIVE DIRECTOR

Debra Scott, MSN, RN, FRE

As I write this last article as the Executive Director for the Nevada State Board of Nursing, I am experiencing a vast array of thoughts and emotions. I am confident that my successor will lead the agency and nursing regulation in Nevada with a strong sense of integrity and ethical oversight. I am pleased to announce the appointment of your new Executive Director, Cathy Dinauer. Cathy has proven to be a well-respected leader in the state and has already begun to formulate how she will lead the Board into the future. She will formally begin the position on January 1, 2016. She and I will have two weeks of transition time and I will retire on January 15, 2016.

I have been asked what accomplishments have been the highlight of my tenure as the Executive Director. What I have accomplished during the last almost 20 years is not where I want to concentrate as I transition into retirement. My one true highlight and what I am most proud of is what we all have accomplished together—a much closer and collaborative nursing community made up of nurses and CNAs, employers, educators, other healthcare boards, professional associations, and a group of stakeholders who together work toward improving healthcare in Nevada.

As I began working for the Board, I was concerned about the fragmentation and suspicions that were communicated to me as I learned the business of nursing regulation. In my first year with the Board, we were challenged by more than one professional group citing negligence in assuring due process to nurses during the investigative and disciplinary process. The Board was accused of being prejudiced against minorities. I welcomed the scrutiny and led a review of more than 200 cases of nurses who had been disciplined in the previous 2 years. The team of reviewers was made up of members of the associations who were questioning our processes and a current Board member. They reviewed every file which resulted in discipline in the previous two years. The outcome of the review was published in an article which was disseminated to nursing stakeholders in Nevada. We found that every nurse had been

afforded due process which was documented in each file. No evidence of prejudice was found.

This was the beginning of a new relationship with those who had questioned our integrity and ethics...and I was bound and determined to cultivate and nurture relationships with everyone willing to share in the important work of protecting the citizens of Nevada. The joy I feel in being an integral part of this shared vision is oftentimes overwhelming. My heart warms when I spend time with many of you in celebrating our joint efforts to improve nursing care for our patients. I am proud of each one of you who have worked diligently utilizing your talents and resources by partnering with those who have similar goals and interests—a better Nevada for those we care for.

Those early years were difficult and there were times that I questioned if I could make a difference. As the years passed, though, it became apparent that we were making a difference in our state and even nationally and internationally. The Board became more respected and we were asked to be a more active partner and broaden our role in many areas such as legislation, education, and nursing practice. Today, I no longer am surprised when I receive a call from a legislator who has questions about nursing. I look forward to sharing information that can benefit not only patients, but also the nurses who take care of them.

So, as I transition to a new time in my life, it is with some melancholy that I say goodbye to my present role and welcome a new adventure. Mostly though, I am so proud of each of you and know that you will continue the important work that you do every day. I will miss you and the times we have shared. I hope that I can find new ways to serve our state and our profession and continue to be blessed with your friendships.

Sincerely,



LEADERSHIP OF DEBRA SCOTT TO BE CONTINUED BY CATHY DINAUER

By Roseann Colosimo, PhD, MSN, RN

For the last 15 years, Debra has put her mark of leadership on Nursing in Nevada. Under her leadership, Nevada received National recognition from the National Council of State Boards of Nursing for significantly promoting public policy related to the safe and effective practice of nursing. Additionally, Debra received the Meritorious Service Award from NCSBN. Many of you remember a time when the NSBN was not welcomed at many professional healthcare gatherings; however, Debra's consistent leadership has created collaboration to promote better healthcare for Nevada's citizens.

Debra acted swiftly during the Hepatitis C crisis in southern Nevada and subtly supported and guided Advanced Practice Registered Nurses in their achievement of full practice authority. Being a part of Debra's executive team meant setting reachable goals to improve service to our 40,000 licensees and certificate holders.

Nevada State Board of Nursing's staff members, under the guidance of Debra Scott, have streamlined licensure and discipline processes to benefit the state of Nevada.

For example, Patty Shutt LPN, who supervises licensure and certification, ensures that applicants endorsing into Nevada are issued a temporary license from day the completed application is received. Chris Sansom MSN, RN, has created a new system for evaluating the risk with nurses who have complaints that creates transparency during the investigative procedure. Fred Olmsted, our lawyer, keeps us focused on our scope so we move toward right touch regulation without barriers. Dean Estes, our director of finance and technology, has helped keep Board finances sound and our technology



current. Renewals happen online for consumer convenience and unlike many Boards a live person always answers the phone to assist our callers. Debra was responsible for all of this happening.

Debra has been friend to many nurses in the state and some nurses who have the terrible disease of substance use disorder consider her the friend that saved their life. Her knowledge and empathy has always guided nurses' return to safe practice.

Debra Scott showed much national leadership by being elected to the National Council of State Board of Nursing's Board of Directors for two terms. She was selected for a scholarship to attend the International Council of Nurses Global Nursing Institute in 2009.

Debra led her team by constantly asking "Are we doing the right thing?" "Or have we collaborated with others involved?" Debra never backed away from a difficult decision which is the courage of a true leader.

Cathy will certainly continue to guide the Board toward the Nurse Licensure Compact (NLC), new technology and continued efficiency for our licensees and certificate holders. Cathy brings a wealth of new ideas and experience to the position.



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EDUCATORS


Are You Teaching Active Student-Centered Teaching and Learning?

Maria Theresa Dabu, DNP, MSN, RN
Assistant Professor
Chamber College of Nursing

This topic was initially introduced to me upon my reentry into nursing education by one extraordinary colleague seven years ago. After many years of desk job and home health experience, I reentered nursing education in a different perspectives. My DNP project and implementation was based on active student-centered teaching-learning strategies for undergraduate nursing students. The major take away from the project was to continue to teach the main nursing content and concepts particularly related to the nursing course. For example, on Health Assessment, the content and concepts should be focused on teaching normal sounds; such as heart, and thorax before introducing abnormal sounds. High-stakes testing provided mixed results and truly dependent on the faculty ability to teach combination of active student-centered strategies. Combining case scenarios and concept maps were very helpful and provided positive learning outcomes. Utilizing different methods of active-student centered teaching and learning such as low fidelity simulation, case study presentation and evolving case studies, 3 minute papers, muddiest point, poster board presentation, and use of technology such as wiki, powtoon, and Prezi provides other means of instructional reinforcement. Combining the traditional teaching of nursing concepts through Power point and assimilating teaching flipped-classroom provided better outcomes and improvement in student overall grades. The use of active student-centered learning

is collaborative approach in academia, does benefit both the faculty and students, and enhances the use of computerized technology to improve and expand learning outcomes. Evidence-based nursing education is the use of evidence to make decisions about curriculum revision and choosing the best teaching-learning strategies to achieve outcomes. It is important to evaluate students' learning needs were met or unmet.

In order to be better prepared for future courses, I recommend that faculty complete the Index of Learning Styles for individual students and must be completed within the first week of instruction. Students' can learn despite the differing preferred learning style. Identification of student learning style to identify gaps in learning and will provide opportunities to remediate any student learning deficits. Assessing baseline individual student's learning style will identify their strengths, work on any weaknesses, and will promote a road map to student success. Understanding how students achieve learning and retained information best may help you be a more successful facilitator of nursing education. "At risk and underprepared students have historically been the ones most likely to drop out at any level of education." But as professors, we can make a difference in helping at-risk and underprepared students to stay in college; become successful, graduate, and become prepared for lifelong learning (Gabriel, 2008).



“ Aim at high mark and you'll hit it. No not the first time, nor the second. Maybe not the third time either. But keep on aiming and keep on shooting for practice will make you perfect. ”

- Annie Oakley

During the first week of class, when introducing the students to the course objectives and expectations, as part of the learner-centered teaching; students are asked to participate in establishing ground rules for the class to prevent disruption and to maximize teaching-learning environments. Students set up their own ground rules such as: to attend all classes, arrive early, stay for the whole period, and be respectful towards their peers. According to Gabriel (2008), faculty must engage students in learner-centered environment and get them involved in interactions among other students, and most professors who teach this way find that bored and tired behaviors; such as sleeping in class, text messaging, or surfing the internet, should not occur. These kinds of behaviors must not be tolerated. Faculty must take charge of their classroom and inform students that if they chose to continue these behaviors must be counseled individually, either before or after the class.


It is quite obvious that faculty put in a great deal of thought and reflection into preparing weekly lesson plans, prioritize the content and implement meaningful assignments. There are times that it's helpful to prioritize the concept and understand the purpose of an assignment in order to fully comprehend and appreciate what the students/learners take away from the collaborative learning process. Why? Sometimes because the routines of power point presentation and verbatim recital and dictation of information does not challenge students; instead it often results in students' being

bored and disinterested in the learning process, and misses learning fullest potential. Preparing for weekly learning guides, content, and different modes teaching materials provides a better learning environment for students. Faculty are constantly challenged to how to deliver the much needed information and content to our students. This has been an ongoing battle and challenges with the faculty, to continue to be proactive with delivering the much needed content, as well as balancing to incorporate new best practices and evidence-based practice, which results in a little discomfort at times, but also pushes you to excel. Faculty may find that it is easier to deliver some content verbatim may seem like the only or best logical conclusion to you, although other colleagues may have a different view and idea to deliver the content in a different format.

At the end of the day, effective educators need to have a genuine enthusiasm for teaching and a sincere interest in all of our students' learning. I urge faculty, to make it fun, make it real, encourage student participation, and display enthusiasm while teaching improves students' success in learning. Students' success is our success.

Reference:

Gabriel, K. (2008). Teaching Unprepared Students: strategies for Promoting Success and Retention in Higher Education. Sterling, VA: Stylus Publishing.



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Keep The Momentum



By Lori L. Isaacs, RPh, MHA

Greetings! As the holiday season approaches, the NV ASP Executive Board would like to summarize our accomplishments and upcoming plans to advance Antimicrobial Stewardship efforts moving in Nevada.

GOING

We have several working groups that are taking steps to move this effort forward – they are always looking for additional volunteers, so please participate in the topic of your choice and expertise. Here is a summary of their activities in 2015 and moving into 2016:

Public and Professional Outreach - Leads, Kimisha Causey (kcausey@health.nv.gov) and Norman Wright (nwright@royalspringshcc.com) developed our logo and display banner. Norm created and maintains our website at www.nvasp.net. Information is updated on a regular basis and includes our event calendar, lots of good information and links to other sites and toolkits. Forward feedback, topic suggestions or events that you want to display on the website to Norm.

Recruitment and Retention - In 2015, we added a Patient Advocate to our Executive Board – if you know of any other options for membership from the Public Sector, please give us the contact information and we will follow up.

Antimicrobial Stewardship Program Development – Lead, Tuan Tran Martin (Tran@parallon.com) provides assistance to facilities in getting their ASP Program going or advancing the the next step. So far, 4 facilities have reached out for help but we know that many of you still need help. NV ASP provides free advisory support to help make this easier – there are pharmacists on Tuan's team that have working experience that can help you, take advantage of this offer!

Advancing Efforts to provide Antibigrams by facility and region to prescribers – Leads Marissa Brown (Marissa@nha.net) and Dr. James Wilson (jameswilson@unr.edu) are the contacts for this initiative. NV ASP has partnered with Ascel Bio Nevada State Infectious Disease Forecast Station at UNR with a goal to collate data from all over the state that can be used to provide forecasting. This service is offered free of charge

and supplied data and results are FULLY PROTECTED and not disclosed or discoverable. Dr. Wilson has presented the program to numerous stakeholder groups and facilities in order to heighten awareness and participation. He is available to speak to any group. The more data in the system, the more useful and accurate the information is to the prescribers to target the proper antibiotic therapy.

Engaging CAHs, LTACs and SNFs in the advancement of ASP - Leads, Tracy Guzman (tracy.guzman@complexcare.net), Elizabeth Solomon (Elizabeth.solomon@complexcare.net) and Sarah Lopez (Sarah.Lopez@healthsouth.com) are offering their support and assistance to provide useful materials. In 2016, we hope to have made significant progress on the use of a Multi-Drug Resistance Transfer Form and are looking for champions to help with this effort. Helping SNFs prepare for new upcoming Infection Control regulations. We are VERY encouraged about the participation and enthusiasm demonstrated by the sub-acute settings to this point and hope to build on that momentum.

Developing Professional Relationships – Leads, Diane Rhee (drhee@roseman.edu) and Dr. Brian Callister (Brian.Callister@lifecare-hospitals.com) are working to leverage meetings with our Legislators, Senators, Representative, and our Governor to unify our effort and to lay groundwork for possible legislation.

Educational and Outreach Sessions –

- Infection Contolapalooza was conducted in August and focused mainly on ASP development, cost justification and coordination for all levels of care. We also had a Sepsis panel present their programs. We hope to expand our program in 2016 to 2 days with some breakout sessions. We are reaching out to those facilities who expressed an interest for help on their action plan map.
- Dr. Callister presented information on ways to more effectively monitor and motivate physicians

- to share information and change practice patterns to representatives from acute and sub-acute settings.
- Dr. Roseann Colosimo, Education Consultant for the Nevada State Board of Nursing, presented continuing education on Antimicrobial Resistance on July 31, 2015 at Montevista Hospital in Las Vegas to the NHA 5th Friday Club.
- On October 10, volunteers manned two booths at the Southern Nevada Laborers Training Trust Local #872 Health Fair to spread the word about immunizations, appropriate antibiotic use, risks of over-prescribing and talking with their providers.
- Tracy Guzman and Sarah Lopez provided education and supportive materials for LTAC and SNF Infection Control programs on November 10 in Las Vegas and Elizabeth Solomon did the program in Northern Nevada on November 12.
- November 16-22, 2015 Educational Opportunity – Join Premier's Advisor Live® free webinar series for a special Get Smart About Antibiotics Week presentation on Thursday, November 19 from 12-1:30 p.m. EST. This 90-minute webinar will discuss strategies and tools for implementing antimicrobial stewardship programs, including methods for measurement of antimicrobial use and resistance. Join the activities and help share awareness of the threat of antibiotic resistance during Get Smart About Antibiotics Week November 16 - 22. Visit CDC's Get Smart Website for activities, events, resources, promotional materials, fact sheets and educational resources (links also on our website).



SAVE THE DATE: Our next General Membership Meeting will be held on January 13, 2016 from 10:30 a.m. - noon at the HealthInsight Community Room, 6830 W. Oquendo Rd, Las Vegas, NV 89118 (enter at North side of the building) by conference phone at 1-888-290-0568; Conference code 6787893#. You are encouraged to attend in person (if possible) and welcome to forward this appointment to others in your circles.

Webinar link (visual only, call teleconference line for audio):

<https://healthinsight.adobeconnect.com/nv-asp/>

Contact any member of our Board to advance topics for the January Agenda.

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THE NURSE LICENSURE COMPACT

By Debra Scott, MSN, RN, FRE

Advances in technology along with an increasingly mobile nursing workforce and patient population have created the necessity for breaking down unnecessary barriers to interstate practice. The Nurse Licensure Compact (NLC) creates a system that allows nurses to practice freely among participating states while still allowing states to retain their autonomy through enforcement of their nurse practice act. This interstate compact has the ability to remove the licensure barrier to telehealth practice for more than 4.5 million nurses.

Health care is at a pivotal time in the evolution of telehealth. This year and in recent years, we have seen hundreds of telehealth bills in more than 44 states all with the goal of enabling telehealth. Given the mobility of society and the capabilities which advanced technology brings, telehealth is proliferating at a tremendous rate. The current health care environment begs the question, “How do regulators facilitate cross-border practice of nursing whether physically or via telehealth and ensure that critical systems are in place to keep patients safe?”

The Nevada State Board of Nursing (NSBN) voted this year, during its July Business Meeting to direct Board staff to

begin the process of building grassroots support to pass the Nurse Licensure Compact in the upcoming 2017 Legislative Session. The Board’s rationale for supporting the NLC is to ensure protection for Nevada’s citizens while eliminating redundancy and duplicative regulatory processes and unnecessary fees. The Board found that the NLC Improves patient access to licensed nursing care especially during a disaster or other times of great need and it assists military spouses by decreasing the amount of time, paperwork, and costs necessary to begin immediately practice nursing as they often relocate every two years. Although Board staff issue nursing licenses within 2.5 days, the NLC would allow nurses to practice immediately upon arrival in Nevada.

State boards of nursing who adopt the NLC are required to participate in the national nurse license database known as Nursys®, which authorizes sharing licensure and disciplinary information between NLC states. Nevada already participates fully in Nursys by electronically submitting licensure and discipline data on a daily basis.

Historically, Nevada attempted to pass the NLC during three previous Legislative Sessions more than 10 years ago. In 2005, the NSBN voted to suspend efforts to join





the NLC because not all of the compact states at the time required that licensees undergo criminal background checks (CBC) as a requirement of licensure. NSBN statistics have shown that CBCs provide information necessary to make sound licensure decisions to support the Board's mission to protect the public. The dilemma was to resolve how to address the changing healthcare advances and still meet our mission of public protection.

Twenty-five states adopted the current NLC, but the question remained how to craft a new and improved NLC that eventually all states could adopt. The National Council of State Boards of Nursing (NCSBN) set out on a journey to answer this question. I was involved from the onset of this journey which took most of two years to complete. The Enhanced Nurse Licensure Compact (ENLC) was the result of collaboration, hard work, and compromise from almost all of the 50 states and US territories who are members of the NCSBN. On May 4, 2015, NCSBN's Delegate Assembly voted to approve the Enhanced Nurse Licensure Compact (ENLC). The vision is for all states and territories to enact and implement the ENLC by December, 2018. To join the ENLC, each state must put the entire ENLC into statute—a process that happens every other year in Nevada.

The most important difference between the NLC and the ENLC for Nevada was the addition of the Uniform Licensure Requirements in the compact itself. With the ENLC, all nurses who will be issued a compact license must meet these

requirements—requirements that Nevada has endorsed for 20 years.

More than 88 percent of nurses surveyed nationwide support the NLC. The American Hospital Association and the American Telemedicine Association support the NLC, as well as many others. The NSBN is poised to take a leading role in educating all of Nevada with the ultimate goal of enacting and implementing the Enhanced Nurse Licensure Compact in the next two years. We welcome any questions, comments, or concerns that anyone may have. I look forward to working together with all healthcare, and specifically, nursing, stakeholders in the months leading up to the 2017 Legislative Session to address the future of nursing in Nevada and beyond.

Please call me or Cathy Dinauer directly at (775) 687-7734. Debra Scott, MSN, RN, FRE, Executive Director, NSBN

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THE AUDIT PROCESS

By Patty Towler, Board Senior Certification Specialist

The Nevada State Board of Nursing randomly audits continuing education providers, RNs, LPNs, CNAs, APRNs, and CRNAs. Audits are based on the submission of a renewal application where the applicant attests (swears) they have completed the requirements for renewal. Your certificate or license is renewed. Individuals are randomly selected for audit each month when they have renewed in the immediately preceding months.

Staff mail a letter to your address of record. The audit letter will give you the Board's contact information, information on what information will be audited and the due date for that information to be submitted to the Board. Board staff attempt to contact you by a courtesy call or email about 2 weeks into the audit process. If you do not respond to the audit by the audit due date, a complaint is filed against your certificate and sent to an investigator who will also attempt to contact you. If you do not respond due to change of address, telephone or email address, disciplinary action may be taken against your certificate without you even being aware of it. It is very important to keep your contact information up to date with the Board.

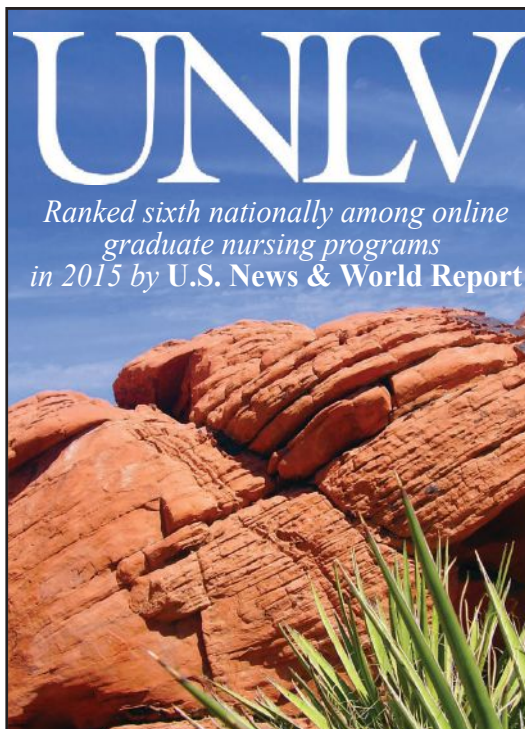
If you are selected for a CNA audit, you will need to submit written documentation which includes:

- A letter on letterhead verifying you have worked 40 hours as a CNA for compensation within the last 2 years
- Documentation of 24 hours of CE (continuing education/in-service) hours within the last 2 years. Some educational courses provided by the employer may not count for CE/in-service hours. Check with your education department at your place of employment for copies of the CE/in-service hours.
- College credit (if taken as part of

education program to obtain higher degree; includes prerequisites)—one credit (semester) equals 15 contact hours, one credit (quarter) equals 10 contact hours

As an example, if you renewed on 11/1/2015 and are selected for audit, your timeframe for the audit would be from 11/1/2013 – 11/1/2015 for work and inservice hours. If you need any assistance regarding an audit, please contact Board staff for assistance on how to successfully complete the audit.

****If you were previously selected for an audit and failed to comply in a timely manner, you may be selected on your next renewal for an audit. Always make sure the Board has valid contact information on file for you. To make a change to your contact information, you can go online, mail or fax a letter or email us.**



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CNO CORNER

Associate Director Nursing Practice

Cathy Dinaver, MSN, RN

At the September, 2015 Board meeting, the Board suggested that the NSBN News Magazine offer a "CNO Corner" as a regular feature in our quarterly magazine. The purpose is to provide a resource to Chief Nurses and other nurse leaders who may, for example, not always be sure as to when or how to report a violation of the Nevada Nurse Practice Act to the Board. As a former CNO of an acute care facility in Nevada, it is very important that the CNO be aware of the CNO's role in nursing regulation.

CNOs have an obligation to meet all regulatory requirements that govern their organizations and are held accountable for nursing practice within their organizations. The CNO often serves as the liaison with the Board of Nursing to promote patient safety and the advancement of nursing practice. The Nevada Nurse Practice Act, NAC 632.890 states

that "The Board will consider the following acts, among others, by a licensee or holder of a certificate as unprofessional conduct:

(30) Failing as a chief nurse to: (a) institute standards of nursing practice so that safe and effective nursing care is provided to patients; (b) Institute standards of competent organizational management and management of human resources so that safe and effective nursing care is provided to patients; or (c) Create a safe and effective environment, including the failure to assess the knowledge, skills and ability or a licensee or a holder of a certificate and determine his or her competence to carry out the requirements of his or her job."

The NSBN collects and trends several types of data related to nursing practice and discipline. For FY 14/15, two hundred

(200) Nurses and CNAs were disciplined in Nevada. The reasons for discipline included, among other reasons: failure to comply with a CE audit, practicing without an active license/certificate, violation of a Board Order and fraudulent applications. In addition, during that same fiscal year, there was an increase in the number of complaints regarding nursing impairment.

Each issue of the NSBN News will focus on a topic that we believe will assist the CNO. Topics may include: when to report, the use of social media and how to use E-Notify. If you, as a Nevada CNO, have requests or recommendations as to subject matter for the "CNO Corner," please contact our office through telephone or email. We will make every effort to provide useful information to support the important work that you do on a daily basis.

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MEET BOARD MEMBER

Susan S. VanBeuge, DNP, APRN, FNP-BC, CNE, FAANP

It is with honor, excitement and enthusiasm to serve on the Nevada State Board of Nursing. The appointment by Governor Brian Sandoval in March 2015 was a culminating highlight of my nursing career that began in 1993. As a 15 year resident of Nevada, the work ahead is seen as an opportunity to give back to the state and the more than 43,000 licensed nursing professionals.

As way of introduction, I began my nursing journey with humble beginnings. My great-grandmother was a nurse and she was also called Susan. My grandmother said this must have been destiny and perhaps it was. I entered nursing as a second degree student, having earned a BS in Communication out of high school. The encouragement was there from family who provided the support and kindness needed for any nursing student to survive.

I graduated from the University of Utah with a BS in Speech Communication in 1986, then earned a BSN from Pacific Lutheran University in 1993. I earned a Master's of Science in Nursing (MSN) from UNLV in 2003 as a Family Nurse Practitioner (FNP), becoming a board certified FNP in 2004. I earned my terminal degree in Nursing, completing my Doctor of Nursing Practice (DNP) from the University of Utah in 2009.

Prior to living in Nevada, I have enjoyed working and living all over the United States, Europe and Asia. In my travels, I worked as a registered nurse in a variety of places in the emergency department setting. The exposure of working with people from different cultures gave me rich experiences I cherish today. As nurses, we impact people from all walks of life and the varied experiences made me a better nurse and person.



Since moving to Nevada, I have been involved in policy and practice issues, mostly in the area of advanced practice nursing. At UNLV, I had wonderful mentor teachers who encouraged me to be involved and make positive change for our state and nation. Having never considered myself interested in policy, it didn't occur to me that I would ever become involved but over time it was a good fit.

I have been involved in the advanced practice nurses leadership for several years at both the state and national level. I served as the Legislative Liaison for the Nevada Advanced Practice Nurses Association (NAPNA) from 2012-2015, and am the Nevada Representative to the American Association of Nurse Practitioners (AANP). These experiences have provided excellent experiences to be an effective member of the Nevada State Board of Nursing. As a citizen, I served as member of the Advanced Practice Advisory Committee to the State Board in 2006, serving two terms.

Currently, I am an Assistant Professor in Residence at the University of Nevada, Las Vegas School of Nursing where I am the coordinator of the MSN program. I also teach in our nurse practitioner program and the DNP program at UNLV and in the collaborative UNDNP program. As a nurse practitioner, I practice part-time and maintain national board certification as a family nurse practitioner.

As the newest member of the Nevada State Board of Nursing, I look forward to the opportunity to serve our great state and the mission of the state board "To protect the public's health, safety and welfare through effective nursing regulation." The art and science of nursing comes together to create a peaceful, harmonious and professional, knowledge based nursing care. It is this balance of the heart and mind that makes nursing uniquely amazing. Nursing is the most trusted profession and I will honor this distinction with hard work as I serve on the Nevada State Board of Nursing.

BOARD TALK

BOARD MEETINGS

A seven-member board appointed by the governor, the Nevada State Board of Nursing consists of four registered nurses, one practical nurse, one certified nursing assistant and one consumer member. Its meetings are open to the public; agendas are posted on the Board's website and at community sites.

BOARD MEETING DATES

January 13-15, 2016	Las Vegas
March 23-25, 2016	Reno
May 18-20, 2016	Las Vegas
July 20-22, 2016	Zephyr Cove
September 14-16, 2016	Las Vegas
November 16-18, 2016	Reno

MEETINGS AND OPENINGS

The openings (listed in parentheses) will occur in the next six months. All meetings will be held via videoconference in Reno and Las Vegas.

Advanced Practice Registered Nurse Advisory Committee (two)

February 23, 2016
May 3, 2016
August 2, 2016
November 8, 2016

Certified Nursing Assistant Advisory/Medication Aide-Certified Committee (two)*

January 5, 2016
April 5, 2016
July 12, 2016
October 4, 2016

*One MAC and one CNA member

• COME TALK TO THE BOARD

During each regularly scheduled meeting of the Nevada State Board of Nursing, Board members hold a Public Comment period for people to talk to them on nursing-related issues.

If you want to speak during the Public Comment period, just check the meeting agenda for the date and time it will be held. Usually, the Board president opens and closes each day of each meeting by inviting Public Comment. Time is divided equally among those who wish to speak.

For more detailed information regarding the Public Comment period, please call the Board.

• WE'LL COME TALK TO YOU

Board staff will come speak to your organization on a range of nursing-related topics, including nursing education, continuing education, delegation, the impaired nurse, licensure and discipline processes, and the Nurse Practice Act.

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ADVISORY COMMITTEES

The Nevada State Board of Nursing is advised by and appoints members to five standing advisory committees. Committee meetings are open to the public; agendas are posted on the Board's website and at community sites. If you are interested in applying for a committee appointment to fill an upcoming opening, please visit the Board's website or call the Board office for an application.

Disability Advisory Committee (none)

April 22, 2016
October 21, 2016

Education Advisory Committee (two)*

January 21, 2016
April 21, 2016
August 25, 2016
October 20, 2016
*One student nurse member

Nursing Practice Advisory Committee (four)

February 9, 2016
April 12, 2016
June 7, 2016
August 23, 2016
October 11, 2016
December 6, 2016

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TRANSITION

into Acute Care Nursing with UNLV Program

By Jodi Gilliland

Transitioning into acute care can be challenging for registered nurses who do not have the required experience needed for open job opportunities. Currently in Nevada there are hundreds of open RN positions. However, many nurses who want to enter into the hospital setting find themselves not being able to meet the 2+ year experience requirement.

In response to the ongoing need for experienced nurses in Nevada, UNLV Continuing Education offers the Gap Training for RNs program. Gap-RN is a transition into acute care practice program for those who require experience to enter into the acute care setting. Whether you are newly graduated and still looking for your first RN position, an RN currently working in a non-acute care setting who seeks current skills and experiences to qualify for a job in acute care, or a returning-to-practice RN who needs precepted hours to complete an RN refresher program, this program might just be your entry point to transition.

The Gap Training for RNs program was initially geared toward new RN graduates to help better prepare them for

professional practice. Studies show 40 percent of new grad nurses admit to making medication errors, 50 percent of new grads fail to recognize a life-threatening complication due to lack of experience, and educators and employers agree there is a practice gap particularly in the areas related to risk management. After completing two cohorts of the program, UNLV Continuing Education found there is also a major practice gap for RNs who accepted employment outside of acute care and later seek to return to a hospital setting. While these nurses may have many years of experience in another setting, it does not meet the two-year acute care experience commonly required by acute care hospitals. In addition, another practice gap was presented for those RNs who allowed their license to lapse for whatever reason and have to complete a refresher program and 120 hours of precepted clinical experience to have their license reinstated. In Nevada, refresher programs are backlogged and often times RNs find themselves completing the didactic portion online and then they must find a hospital to accept them for 120 hours of clinical preceptorship to meet the Nevada State Board of Nursing requirements.

“

This eight-week program offers real-life experience within a structured transitional training program to enhance acute care skills, competence, and confidence, and decrease job stress.

”



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So what is the Gap Training for RNs program and how can it help you? This eight-week program offers real-life experience within a structured transitional training program to enhance acute care skills, competence, and confidence, and decrease job stress. Nurse participants are assigned to an acute care unit at a Las Vegas area acute care facility where they will work as an RN under supervision from an experienced preceptor two shifts per week for a total of 120 hours. Scheduling is flexible and offers both day and evening shifts. Participants will be able to select between working with adults or children and will identify their preferred unit or interest. Nurses will also practice skills in a high-tech medical simulation lab and participate in online learning opportunities focused on quality and safety in professional practice. Participants will build their resume, make professional connections, and be guaranteed an interview with the hospital for a full time position upon successful completion of the program. The program also is approved for CEUs through the Nevada State Board of Nursing. Participants are not employees of the hospital and are therefore not compensated for their clinical hours.

Hospital partners who have participated in our program reported participants either significantly improved or showed outstanding improvement in the following areas: increased competence, technical skill competency, medication

calculation and administration accuracy, managing stress levels, professional self-confidence, and inter-professional communication skills. Hospitals also reported that as a result of the participation in the program they anticipate increase in retention rates, decrease in recruitment costs, decrease in length of residency programs, and a decrease in transition costs.

This program is supported by Workforce Connections, Nevada State Board of Nursing, Nevada Nurses Association, Nevada Alliance for Nursing Excellence, and Nevada Organization for Nurse Leaders.

Full tuition for this program is supported through grant funding for those who qualify. Minimum qualifications for the program include proof of Nevada residency and a Nevada RN license. Grant funding is available for 50 participants. Interested registered nurses who want to participate in this program should register and attend an information session. Visit ced.unlv.edu/rn-training for available information dates and times and to register. For additional questions about the program, contact Jodi Gilliland, Program Coordinator, via email at Jodi.Gilliland@unlv.edu or by phone at 702-895-5099.

Any hospital wishing to participate by providing preceptorships should contract Program Coordinator Jodi Gilliland.

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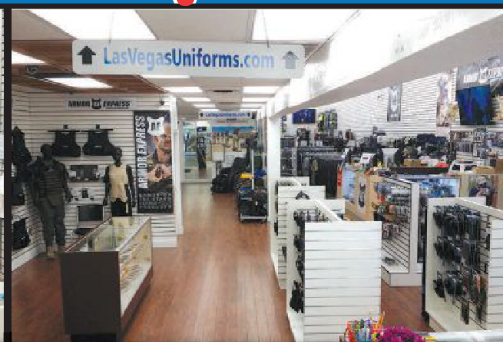
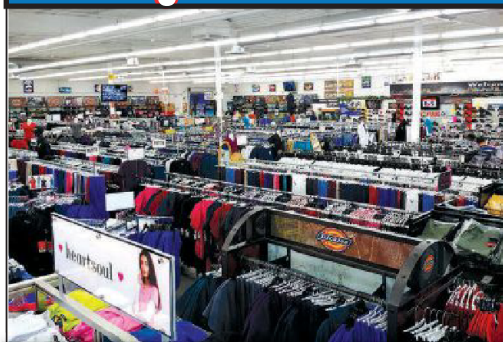
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